

Officer NarrativeCase Type: **ASSAULT 4TH DEGREE**

Case Number:	16-4867
Date:	7/20/2016
Officer:	H.LINEHAN
In Car Video:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

On July 2, 2016, at 0140 hours, I received a call via dispatch regarding a Physical Assault Recent at Cascade Behavioral, located at 12844 Military Rd S.

Upon arrival on the scene, I met with Cascade Behavioral staff who led me to the secured patient area located on the third floor. There, I spoke with floor nurse [REDACTED]. [REDACTED] stated he had been working behind the nursing station in the center of the ward when he was approached by patients [REDACTED] and [REDACTED]. [REDACTED] stated [REDACTED] was bleeding from a laceration on the top left side of his head and was pushing [REDACTED] in a wheel chair. Both subjects appeared calm.

[REDACTED] stated after speaking with [REDACTED], he learned [REDACTED] had struck [REDACTED] with a trash bin located inside their room. [REDACTED] had told [REDACTED] he had been struck first by [REDACTED] and responded by striking [REDACTED] with a trash bin.

[REDACTED] stated [REDACTED] and [REDACTED] shared a room inside Cascade behavioral. [REDACTED] stated both were diagnosed with behaviorally disturbed dementia.

I observed [REDACTED] who had a small laceration on the top left side of his head consistent with the statement provided by [REDACTED]. [REDACTED] was unresponsive to questions and would only stare blankly ahead when spoken to. [REDACTED] informed me this was [REDACTED] normal condition and not a result of his injury. [REDACTED] stated [REDACTED] most likely could not communicate.

I then met with [REDACTED] who appeared to have no injury. [REDACTED] would speak in response to questions in a rambling and incoherent manner. [REDACTED] informed me [REDACTED]'s mental condition made him somewhat unaware of his surroundings. I was unable to illicit any pertinent information from [REDACTED].

Additional responding Tukwila Officer Chris Backus took several photographs of the scene. The photographs were later submitted into evidence under this case number.

Tukwila Fire Department arrived on scene and treated [REDACTED] for his injury. [REDACTED] was then transported to the hospital for further care.

[REDACTED] informed me he would notify his supervisor regarding this incident and [REDACTED] would be transferred to a different unit for observation.

Based upon the condition and mental status of both [REDACTED] and [REDACTED] I elected to not file charges for Assault 4th degree in this incident. This report shall be forwarded to the prosecutor for review.

TUKWILA POLICE DEPARTMENT


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Any additional information will follow in a supplemental report.

CERTIFICATION: I hereby certify (declare) under penalty of perjury under the laws of the state of Washington that this report is true and correct to the best of my knowledge and belief (RCW 9A.72.085).

	223	07/20/2016	TUKWILA
OFFICER'S SIGNATURE	BADGE #	DATE SIGNED	PLACE SIGNED

Approving Supervisor: SP1170 Date: 7-21-16